

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read Instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Cross Telephone Company

Service Provider Name

Cross Telephone Company

Company Address, City, State, Zip

P.O. Box 9
Warner, OK 74469-0009

Service Provider Type

☐ Wireless

☒ Wireline

Local Exchange Carrier

Name(s) of Wireless License Holder(s)

Contact Name

Troy Duncan or Stephen Jones

Contact Tel #

(918)463-2921

Fax #

(918)463-2551

E-mail Address

staff@crosstel.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Haskell County, Oklahoma
McIntosh County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

There is no designated PSAP for these counties; nor, is there a local response center designated.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The company has contacted the Governor's Office regarding the designation of local authorities to handle these calls. At the date of this filing, no response has been provided by the Governor's Office.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

N/A

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

No entity has been designated to accept the calls. Some exchanges have multiple counties, this will require translations changes to each existing subscriber profile to ensure proper routing.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

See above.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____

Signature

Troy Duncan

Printed name of authorized representative

TROY DUNCAN

Title

E.R. Supv.

Date

3-7-02

This filing is:

original filing

revised filing

☒

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.